



Specialty Independent Review Organization

**Notice of Independent Review Decision**

**DATE OF REVIEW:** 3/24/2010

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

The services under review include the medical necessity of an arthroscopic medial meniscectomy of the right knee.

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION**

The reviewer is a Medical Doctor who is board certified in Orthopedic Surgery. The reviewer has been practicing for greater than 15 years.

**REVIEW OUTCOME**

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

- ☒ Upheld (Agree)
- ☐ Overturned (Disagree)
- ☐ Partially Overturned (Agree in part/Disagree in part)

The reviewer agrees with the previous adverse determination regarding the medical necessity of an arthroscopic medial meniscectomy of the right knee.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Records were received and reviewed from the following parties:  
Group, Urgent Care, the patient and Orthopedic Specialists.

These records consist of the following (duplicate records are only listed from one source): 3/8/10 letter by, 1/11/10 denial letter, 1/22/10 denial letter, 3/8/10 IRO summary report, E1 of 7/29/08, 7/29/08 associate statement, various DWC 73 forms, 7/30/08 to 2/04/10 records from MD, 9/10/08 MRI of right knee, 9/25/08 to 2/17/10 reports by MD, ICU flowsheet 10/31/08, 11/3/08 operative report, post operative notes, 6/24/09 DD report, 8/27/09 MRI and arthrogram reports of right knee, 11/26/09 to 12/31/09 reports by MD, 11/16/09 cortisone injection report and PT orders sheets.

Creek: 7/30/08 to 3/3/10 daily notes by Creek, various DWC 73 forms and 4/15/09 approval letter from carrier.

Ortho Specialists: surgical risks sheets

Patient: information for us to request notes from Dr. @ Creek, 10/30/09 denial letter, 11/18/09 withdrawal letter and 11/30/09 withdrawal letter.

We did not receive the ODG Guidelines from Carrier/URA.

#### **PATIENT CLINICAL HISTORY [SUMMARY]:**

The was injured in xx/xx. This was attributed to a loading and twisting injury. A xx/xx dated right knee MRI revealed a torn medial meniscus and lateral condylar trebecular fracture. An 8/09 dated MRI discussed additional findings including possible prior surgery (lateral meniscal repair) and possible medial meniscal pathology, however it wasn't compared to the prior MRI and was without documentation of prior surgery. The 1/22/10 dated appeal denial letter noted that the 11/3/08 dated operative report stated that the medial meniscus was intact and was unable to establish current medical necessity for a previously intact medial meniscus. The 11/3/08 dated operative summary revealed no pathology in the medial compartment and the partial lateral meniscus tear (treated with partial meniscectomy), without osteochondral issues. Post-op notes were reviewed. On 11/16/09, persistent pain and swelling, medial joint line tenderness without effusion were all noted. Diagnoses included a lateral meniscal tear, chondromalacia and failed prior scope surgery. A cortisone injection, PT, and further follow up were felt indicated by provider Dr.. On 12/31/09, medial aspect knee pain with "mild" tenderness, patella laxity and quad atrophy was reiterated. The "lateral" meniscal tear was felt to be "worsening." On 2/17/10, a "second-look" arthroscopic surgery for a probable "intrasubstance" medial meniscal tear was felt indicated by the AP Dr..

#### **ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.**

The claimant has had prior intra-operative documentation of the medial compartment being intact, including the medial meniscus which is suspected as the source of ongoing pathology. The lateral meniscus was already addressed arthroscopically. The claimant has not had a documented recurrent effusion (which can be associated with a chronic unaddressed pathologic source.) Therefore, another arthroscopic procedure to readdress areas that have already been fully diagnosed and/or treated (i.e. the lateral meniscus which has not been felt to be a source of persistent and/or recurrent pathology) is not medically necessary.

ODG Indications for Surgery - Meniscectomy:

Criteria for meniscectomy or meniscus repair (Suggest 2 symptoms and 2 signs to avoid scopes with lower yield, e.g. pain without other symptoms, posterior joint line tenderness that could just signify arthritis, MRI with degenerative tear that is often false positive):

1. Conservative Care: (Not required for locked/blocked knee.) Physical therapy. OR Medication. OR Activity modification. PLUS
2. Subjective Clinical Findings (at least two): Joint pain. OR Swelling. OR Feeling of give way. OR Locking, clicking, or popping. PLUS
3. Objective Clinical Findings (at least two): Positive McMurray's sign. OR Joint line tenderness. OR Effusion. OR Limited range of motion. OR Locking, clicking, or popping. OR Crepitus. PLUS
4. Imaging Clinical Findings: (Not required for locked/blocked knee.) Meniscal tear on MRI.

(Washington, 2003)

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

- ☐ ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- ☐ AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- ☐ DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- ☐ EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- ☐ INTERQUAL CRITERIA
- ☒ MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- ☐ MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- ☐ MILLIMAN CARE GUIDELINES
- ☒ ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- ☐ PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR

- ☐ TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- ☐ TEXAS TACADA GUIDELINES
- ☐ TMF SCREENING CRITERIA MANUAL
- ☐ PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- ☐ OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)